



# DOMESTIC BREWERY LICENSE

## Application Packet

This packet contains all the forms and information to apply for a Domestic Brewery License.

**Apply online!**

<https://tap.dor.mt.gov/?Link=DomBrewery>



## Information for Completing Application

This packet is to assist you in completing your application for a Domestic Brewery License. Please review the information provided to avoid any delays in the processing of your application.

### **Application Process**

*You are required to apply for a Brewer's Notice to manufacture beer and to apply for label approvals for your products through the Alcohol and Tobacco Tax and Trade Bureau (TTB). When you submit your application to us, please send your application for a Brewer's Notice to the TTB.*

When we receive a completed application, we will contact you and let you know that your application meets our initial requirements or to request additional documents. It typically takes 60 to 90 days to process this type of application. The approval process includes:

1. Notifying local officials that we have received your application. We notify local officials that we have received an application to help us determine if any concerns or issues exist that may prevent the applicant or proposed location from qualifying for a license.
2. Requesting the Department of Justice to investigate the applicant(s) and location.

Once the Department of Justice has conducted their investigation, if both the location and applicant(s) meet the requirements under Montana law, our department will contact you to approve the transfer or issuance of the license.

**Please Note:** Breweries are required to file Brewers and Distributors Monthly Tax Return (BET) and pay the monthly tax. Your tax return will need to be filed even if you had no sales for the month.

### **Montana Code Annotated Definitions**

"Beer" means:

- (a) a malt beverage containing not more than 8.75% alcohol by volume; or
- (b) an alcoholic beverage containing not more than 14% alcohol by volume;
  - i. that is made by the alcoholic fermentation of an infusion or decoction, or combination of both, in potable brewing water, of malted cereal grain; and
  - ii. in which the sugars used for fermentation of the alcoholic beverage are at least 75% derived from malted cereal grain measured as a percentage of the total dry weight of the fermentable ingredients. [16-1-106](#) (5), MCA.

*Any beer greater than 14% alcohol by volume or 8.75% alcohol by volume that does not meet the definition of beer and any caffeinated malt beverages are considered liquor and must be shipped through the Montana state liquor warehouse.*

## **Additional Information Required When Completing Your Application**

We have listed below the types of documents that are necessary for determining if an application is complete. Please review these lists carefully and send us copies of the required documents along with the applicable documents that reflect your business entity.

**Special Instructions:** If personal history statements and fingerprint cards are included with your application, you are required to enclose them in the "Confidential" Envelope provided. These are confidential documents and must be kept separate from your other application documents.

### **Required Documents**

- ☐ Alcohol and Tobacco Tax and Trade Bureau (TTB) Federal Brewer's Notice to manufacture beer

Label approvals for each brand and variety of beer to be manufactured need to be sent to us once received from the TTB (label approvals from TTB will not delay the processing of your application; however, your products cannot be sold and distributed in the State of Montana without label approvals)

Please submit the documentation required for your entity type. Failure to provide all applicable documentation will delay the processing of this application. **Note: For applicants that use a multiple entity structure, attach a diagram showing all entities and individuals.**

### **Partnership Agreement Documentation**

- ☐ Federal Employer Identification Number verification from the IRS
- ☐ For newly formed partnerships attach a copy of the application/certificate for registration of the partnership filed with the Secretary of State
- ☐ For existing partnerships attach a copy of the renewal of partnership filed with the Secretary of State in the Partnership name
- ☐ Verification of the Assumed Business Name as filed with the Secretary of State
- ☐ Personal/Criminal History statement(s) for each individual involved in the ownership of the license
- ☐ Fingerprint cards and fees for each person (including officers and directors) involved in the ownership of the license
- ☐ Liquor authorization form to disclose tax information for each entity and its members, shareholders or partners with 10% or more ownership

### **Limited Liability Company**

- ☐ Federal Employer Identification Number verification from the IRS
- ☐ Articles of Organization
- ☐ Organization Minutes
- ☐ Certificate of Fact or Certificate of Existence
- ☐ Verification of the Assumed Business Name as filed with the Secretary of State
- ☐ Other member agreements
- ☐ Personal/Criminal History statement(s) for each individual involved in the ownership of the license
- ☐ Fingerprint cards and fees for each person (including officers and directors) involved in the ownership of the license
- ☐ Liquor authorization form to disclose tax information for each entity and its members, shareholders or partners with 10% or more ownership

### **Corporation**

- ☐ Federal Employer Identification Number verification from the IRS
- ☐ Articles of Incorporation and Amendments or Addendums thereto
- ☐ Bylaws and amendments or addendums thereto
- ☐ Certificate of Incorporation
- ☐ Certificate of Existence (for Montana corporations)
- ☐ Authority to do Business in Montana (for out-of-state corporation)
- ☐ Corporate Minutes and attachments

- ☐ Share issuance records
- ☐ Share Certificates
- ☐ Stock Ledger or Register
- ☐ Verification of Assumed Business Name as filed with the Secretary of State
- ☐ Personal/Criminal History statement(s) for each individual involved in the ownership of the license
- ☐ Fingerprint cards and fees for each person (including officers and directors) involved in the ownership of the license
- ☐ Liquor authorization form to disclose tax information for each entity and its members, shareholders or partners with 10% or more ownership

#### **Management Information Checklist**

- ☐ Employment, Management and Other Agreement(s) and Contract(s). If you are applying as other than a sole proprietor (i.e. Corp, LLC, Partnership, LLP, and the officers/directors/members/partners are the managers), their duties must either be covered in the organization minutes or provide a management agreement
- ☐ Personal/Criminal History Statement(s) on all management personnel
- ☐ 2 Fingerprint Cards and fees for each manager

#### **Financial Information Checklist**

- ☐ Send signed copies of all loan agreements, contracts, notes and all related security agreements, guarantees and trust indentures. **Note: Non-institutional loan (NIL) form must be filed with the application if any lenders or other sources of financing are not state or federally regulated financial institutions, including gifting statements**
- ☐ Lease, rent, purchase option and financing agreements or other evidence of ownership of the real property (must provide documentation of any possessory interest in property where the business is operating). Provide any other documentation to verify source of funding for purchase of the real property, if applicable, including terms
- ☐ Franchise agreements
- ☐ Financial statements (i.e., balance sheet and income statement or tax return for the business)
- ☐ Submit copies of all purchase documents and related guarantees, mortgages, or security agreements associated with the business proposed for licensing, all bills of sale, deeds or other documents reflecting title transfer of assets purchased
- ☐ Purchase agreement for the liquor license including compensation, terms, the appropriate parties as buyer and seller and the license listed by number. Provide copies of all documentation to verify source of funding for purchase of the liquor license. **Note: No assignments are allowed**
- ☐ Bank signature card and authorization forms for all of the applicant's operating, investment or any other business accounts (i.e. saving and checking accounts)
- ☐ Authorization for examination and release of information for NIL only
- ☐ Personal/Criminal History Statement(s) for NIL only
- ☐ 2 Fingerprint Cards for NIL only

#### **Premises Information Checklist**

- ☐ Floor plan (including business name, liquor license number, physical address, dimensions, seating, service bar, liquor storage, etc. Do not send in the original blue prints, only a copy of the floor plan)
- ☐ Zoning documents

Send your completed application (located on pages 1 through 5) and all required and applicable documents (listed on pages iv and v) to us at:

Montana Department of Revenue  
Alcoholic Beverage Control Division  
PO Box 1712  
Helena, MT 59624-1712

**Questions?** Call us at (406) 444-6900, or Montana Relay at 711 for hearing impaired, or fax (406) 444-0722.





## Domestic Brewery License

*Note: Applications for a new license or transfer of location will need approvals from the building, health and fire code officials before we can approve this application.*

### Section 1 – General Information

*Note: If the applicant is an individual, list the individual's name below. If the applicant is a partnership, limited liability partnership (LLP), corporation, or limited liability company (LLC) list the business' name below.*

Name of Applicant(s) \_\_\_\_\_

Federal Employer Identification Number   -

Social Security Number    -   -

Current License Number (if available)   -    -     -

Business Name \_\_\_\_\_

Name of Person Managing the Business \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Physical Location \_\_\_\_\_  
(Street Address, City, State and Zip Code)

Mailing Address \_\_\_\_\_  
(Address, City, State and Zip Code)

- ☐ Check if you prefer to receive an annual reminder email to complete your renewal electronically.
- ☐ Check this box and complete below information if you wish to have all correspondence sent to the attorney who submitted this application on your behalf.

Attorney Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(Street Address, City, State and Zip Code)

### Section 2 – Type of Transaction and Fees

Please check all the boxes that relate to the type of application you are completing and be sure to include the appropriate fee.

- ☐ New License (\$500) \$ \_\_\_\_\_
- ☐ Transfer of Ownership
- ☐ Transfer of Location
- ☐ Corporate Structure Change
- ☐ Processing Fee (*required for all transactions*) \$ 200
- ☐ Fingerprint Fee(s) (\$30.00 per individual) \$ \_\_\_\_\_

**Total Amount Enclosed** \$ \_\_\_\_\_ Payable to "DOR Liquor Licensing"



\*11MN0101\*

### Section 3 – Corporate Statement

All entities, except sole proprietorships, must provide the following information for all shareholders, members or partners. (Please attach additional pages if necessary.)

Please Print

1	Shareholder, Member or Partner Name	SSN
	Address	
	Date of Birth	Actual Number of Shares and % of Ownership
2	Shareholder, Member or Partner Name	SSN
	Address	
	Date of Birth	Actual Number of Shares and % of Ownership
3	Shareholder, Member or Partner Name	SSN
	Address	
	Date of Birth	Actual Number of Shares and % of Ownership
4	Shareholder, Member or Partner Name	SSN
	Address	
	Date of Birth	Actual Number of Shares and % of Ownership

### Officers and Directors (Use additional sheet of paper if necessary.)

1	Officer or Director Name	SSN (optional)
	Address	
	Date of Birth (optional)	Title
2	Officer or Director Name	SSN (optional)
	Address	
	Date of Birth (optional)	Title
3	Officer or Director Name	SSN (optional)
	Address	
	Date of Birth (optional)	Title
4	Officer or Director Name	SSN (optional)
	Address	
	Date of Birth (optional)	Title



## Section 4 – Questions

1. Does any applicant, member, shareholder or partner have ownership interest in a retail liquor license, agency liquor store, beer wholesaler or table wine distributor license in any state or country?  
☐ Yes      If yes, please explain \_\_\_\_\_  
☐ No  
*A manufacturer cannot hold any financial ownership or operational control in an agency liquor store, any retail liquor license, beer wholesaler or table wine distributor license in Montana.*
2. Does any person or entity listed as an owner, have a spouse, dependent child or dependent parent with an application pending for a retail liquor license?  
☐ Yes      If yes, please explain \_\_\_\_\_  
☐ No
3. Does any person or entity listed as an owner, have a spouse, dependent child or dependent parent that currently has a financial or ownership interest in a retail license?  
☐ Yes      If yes, please explain \_\_\_\_\_  
☐ No
4. Does any person other than the applicant have financial interest in your business?  
☐ Yes      If yes, please list the name, address and give a brief description of the involvement. (Attach additional sheet if necessary.) \_\_\_\_\_  
☐ No
5. Is the location to be licensed within a zone or area where the sale of alcoholic beverages is not allowed by city or county ordinances?  
☐ Yes  
☐ No
6. Do you own or are you purchasing the building proposed for licensing?  
☐ Yes      If yes, please send a purchase agreement or current tax bill.  
☐ No      If no, please send a lease agreement.
7. Do you own the furniture, fixtures and equipment used at the location?  
☐ Yes  
☐ No      If no, please send a lease or purchase agreement.
8. Is the building ready for use?  
☐ Yes  
☐ No      If no, please provide expected date of completion \_\_\_\_\_  
☐ Building is newly constructed.  
☐ Remodel of existing premises.

9. Do you plan to immediately start manufacturing beer that is more than 8.75% but not more than 14% alcohol by volume?

☐ Yes If yes, please initial as confirmation that you understand and agree to the following statement:

*All malt beverages shipped within or into Montana by licensees to licensed beer wholesalers must meet the definition of "beer" as defined in 16-1-106 MCA. "Beer" must not contain caffeine or stimulants. In the case of a malt beverage containing over 8.75% alcohol by volume but not more than 14% alcohol by volume, "beer" must be made by the alcoholic fermentation of an infusion or decoction, or a combination of both, in potable brewing water of malted cereal grain; and the sugars used for fermentation of the "beer" must be at least 75% derived from malted cereal grain, measured as a percentage of the total dry weight of fermentable ingredients.*

*All individuals, partners or members associated with this application declare under penalty of false swearing that all malt beverages above 8.75% alcohol by volume shipped or to be shipped within or into Montana by the licensee or applicant named above meet the definition of "beer."*

***I agree with the above statement*** \_\_\_\_\_

☐ No

10. How will your products be distributed?

☐ Self-distribution

☐ Licensed wholesaler/distributor:

☐ Distributor information not available at this time. (**Note: Distributor Agreements are required to be submitted and reviewed prior to your product being distributed by the licensed wholesaler/distributor.**)

☐ Licensed Wholesaler/Distributor(s) that will distribute your products:

MT Liquor License Number	Name	City

*Please be aware that a brewery licensed in the state of Montana selling directly to consumers and retailers need to pay the tax on or before the 15th of each month for beer sold for the previous month and complete [Brewers and Distributor Monthly Tax Return \(BET\)](#).*

11. Do you plan to have a sample room?

☐ Yes If yes, please specify where this will be on your floor plan.

☐ No

12. Will you be using this license for contract brewing purposes?

☐ Yes If yes, name of contractor \_\_\_\_\_

Brief explanation of agreement (or attach) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

☐ No

## Section 5 – Temporary Operating Authority

The Montana Department of Revenue Alcoholic Beverage Control Division may grant temporary operating authority to an applicant who requests a transfer of ownership. Temporary operating authority may be granted if the premises were licensed within the last 12 months and the premises were not altered from the last floor plan.

I would like to have temporary operating authority issued.

☐ Yes    ☐ No

License number \_\_\_\_\_

### To Be Completed By Applicant

The undersigned applicant requests authority to operate pending final approval of the license transfer. Temporary operating authority will be immediately revoked if the applicant or any employees violate any provision of the Montana Alcoholic Beverage Code or the department's rules.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

I would like temporary operating authority issued on \_\_\_\_\_  
Date

### To Be Completed By Recorded Owner/Current Licensee

I authorize temporary operating authority to be granted to the applicant by the department, pending final approval of this application. I understand the applicant may not operate the business until temporary operating authority has been granted. I understand ARM 42.12.208 states in part **“Any proposed fine, suspension or revocation arising out of a violation will be assessed against, and is the responsibility of, the recorded owner of the license.”**

\_\_\_\_\_  
Signature of Recorded Owner/Current Licensee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

## Section 6 – Declaration and Affidavit

I declare under penalty of false swearing that I am the applicant or the duly authorized representative of the entity making this application, and that the responses provided, including any accompanying information, are true, correct and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

Mail completed application and all required and applicable documents to:

Montana Department of Revenue  
Alcoholic Beverage Control Division  
PO Box 1712  
Helena, MT 59624-1712

**Questions?** Call us at (406) 444-6900, or Montana Relay at 711 for hearing impaired, or fax 406-444-0722.